PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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U.S. Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/578,528 Filing Date 05/08/2006			To be Mailed			
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY		
Г	FOR		IUMBER FIL	LED N	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)		
×	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	300		
×	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A		N/A]	N/A	500		
\boxtimes	EXAMINATION FE (37 CFR 1.16(o), (p),	or (q))	N/A		N/A		N/A			N/A	200		
TO (37	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x \$ =			
IND (37	DEPENDENT CLAIM CFR 1.16(h))		minus 3 = *				x \$ =			x \$ =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawings ex sheets of paper, the application siz is \$250 (\$125 for small entity) for e additional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CFR										
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]				
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL]	TOTAL	1000		
L	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT	05/08/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.18(i))	• 22	Minus	 20	= 2]	x \$ =		OR	X \$50=	100		
滿	Independent (37 CFR 1.16(h))	• 2	Minus	***3	= 0]	x \$ =		OR	X \$200=	0		
Ž	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR				
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	100		
		(Column 1)		(Column 2)	(Column 3)								
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1,16(i))		Minus	**	=	1	x \$ =		OR	x \$ =			
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***		1	x \$ =		OR	x s =			
	Application Size Fee (37 CFR 1.16(s))					1]				
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
** 16	If the entry in column 1 is less than the entry in column 2, write "or in column 3. If the "Highest Anthere Previously Paid For IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If t												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to moceously an application. Confidentiality is ownered by 80 Sec. 22 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CEM information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.